

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-046306

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 317

Primary Registration District No. 500

Registrar's No. 3514

STATE FILE NUMBER

FILED DEC 16 1963

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Florissant		c. CITY OR TOWN Florissant	
Length of stay in 1b 4 Mos.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 2505 Mockingbird Lane		d. STREET ADDRESS (If outside, give location) 2505 Mockingbird Lane	
3. NAME OF DECEASED (Type or print) First EFFIE Middle - Last CLINE		4. DATE OF DEATH Month Nov. Day 17 Year 1963	
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 10/8-1895
9. AGE (last birthday) 68		IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY At Home	
11. BIRTHPLACE (City and state or country) Boyd Co., Ky.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME John Morman		13b. MOTHER'S MAIDEN NAME Unknown	
14. NAME OF HUSBAND OR WIFE Rufus Edward Cline		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	
16. SOCIAL SECURITY NO. None		17. INFORMANT Don Cline - 2505 Mockingbird Lane, Florissant, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Metastasis of adenocarcinoma of ovary. DUE TO (b) Indication of metastasis. DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			20c. TIME OF INJURY Hour 5:30 a.m. 17 p.m.
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION			COUNTY STATE
21. I attended the deceased from October 10 to Nov. 12th and last saw her alive on Nov. 12th Death occurred at 5:30 on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Robert M. D.		22b. ADDRESS 2445 N. Kings Highway	
22c. DATE SIGNED 4-17-63		22d. (State)	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 11/21-1963	
23c. NAME OF CEMETERY OR CREMATORY Sunset Memorial Cemetery		23d. LOCATION (City, town, or county) Beckley, W. Va.	
24. FUNERAL DIRECTOR White-Mullen Mort.-Ferguson 35, Mo.		25. DATE RECD. BY LOCAL REG. 11-17-63	
26. REGISTRAR'S SIGNATURE John B. Murphy M.D.			

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBON

883-016304

FILED OCT 14 1963

St. Louis	Missouri	St. Louis	Missouri
Florian	Florian	Florian	Florian
2502 Mockingbird Lane	2502 Mockingbird Lane	2502 Mockingbird Lane	2502 Mockingbird Lane
1963	Nov. 17	1963	Nov. 17
Female	White	Female	White
Housewife	At Home	Housewife	At Home
John Norman	Unknown	John Norman	Unknown
Don Cline - Florissant, Mo.	Don Cline - Florissant, Mo.	Don Cline - Florissant, Mo.	Don Cline - Florissant, Mo.
2502 Mockingbird Lane	2502 Mockingbird Lane	2502 Mockingbird Lane	2502 Mockingbird Lane
U.S.A.	U.S.A.	U.S.A.	U.S.A.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Reuben K. Thoma

Licensed Embalmer No. 3375

P. O. Address St. Louis 55 Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER, in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.

Removal 11/21-1963 Sunset Memorial Cemetery Beckley, W. Va.

White-Hall Mort. - Johnson 32, Mo.
118 Mo. Florissant